Division of Labo andards - Claim Inta a Review Form

This form is used by District Offices for processing new monetary claim forms, non-monetary claims/phone calls and appending new claims to existing cases. When used for monetary claims and appending claims, this form must be accompanied by a completed LS-222, LS-223 or LS-425.

Only those sections marked in YELLOW are required fields

viewed by:	RACF: usa	iygı	
Check One:	New Claim	☐ Append to Case No.	

CLAIMANT INFORMATION:

First Name Romeo		Last N	ame Cordoba	
Social Security Number				
Address			***************************************	
City	State		Zip	
Ph	none			
Other Ph	none		-	
Other Pho	ne 2		_	
	mail			

EMPLOYER INFORMATION:

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type (Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)	Other
FEIN	
ER First Name	Frank
ER Last Name	

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
Industry (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

Source of Complaint (Use one of the following in this field: Anonymous, Investigator/Patrol, Parent/3 rd Party, Permit Application, Recheck, Referral, Union, Worker)	
Type of Complaint	Check all necessary boxes and enter amount if applicable NOTE: At least one box marked with an asterisk * must be checked for non-monetary claims.
	* ☐Child Labor
	* ☐Farm Labor
	* Homework
	* ⊠Hours and Meal Period
	⊠Minimum Wage
	* Permit/Licensing
	Supplemental Wage Claim
	☐Tip Appropriations
	Unlawful Deductions
	☐Wage Claim
	* ⊠Wage Statement/Records/Payment

District	02
County	Brooklyn
Dates Worked	From 4/14/2011 to 04/14/2014
Rate \$450.00	Per Weekl
Occupation	Or Job Title Pizzia and Salad Prep., Dishwasher
COMPLAINT: What you p	out in here will populate the collection letter.
Please be professional ar	nd concise with your wording.
Language	
	nation:
Complaint Specific Inforn	
Complaint Specific Inform	/ /
Complaint Specific Inforn	/ /
Complaint Specific Inform	/ /
Complaint Specific Inform Violation Date Central Investigations	/ /
Complaint Specific Inform Violation Date Central Investigations Other:	/ / Send Acknowledgement letter
Violation Date Central Investigations Other: Incomplete No Jurisdiction	/ /
Violation Date Central Investigations Other: Catalus:	/ / Send Acknowledgement letter
Violation Date Central Investigations Other: Incomplete No Jurisdiction	/ / Send Acknowledgement letter
Violation Date Central Investigations Other: Incomplete No Jurisdiction Valid/Make a Case	/ / Send Acknowledgement letter
Violation Date Central Investigations Other: Incomplete No Jurisdiction Valid/Make a Case	/ / Send Acknowledgement letter

Division of Labou Landards - Claim Inta : ..eview Form

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Only those sections marked in YELLOW are required fields

RACF: I	usayg1
New Claim	Append to Case No.
	RACF: L

CLAIMANT INFORMATION:

First Name Noe'		Last Name Rivera
Social Security Number		
Address		
City	State	Zip
Phone		
Other Phone		
Other Phone 2		
Email		

EMPLOYER INFORMATION:

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type (Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)	Other
FEIN	
ER First Name	Frank
ER Last Name	

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
Industry (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

Source of Complaint (Use one of the following in this field: Anonymous, Investigator/Patrol, Parent/3 rd Party, Permit Application, Recheck, Referral, Union, Worker)	
Type of Complaint	Check all necessary boxes and enter amount if applicable NOTE: At least one box marked with an asterisk * must be checked for non-monetary claims.
	*
	* □Farm Labor
	*
	* ⊠Hours and Meal Period
	⊠Minimum Wage
	*
	Supplemental Wage Claim
	☐Tip Appropriations
	Unlawful Deductions
	☐Wage Claim
	* ⊠Wage Statement/Records/Payment

	02
County	Brooklyn
Dates Worked	From 5/ 13/ 2012 to 04 / 12 / 2014
Rate \$450.00	Per Weekl
Occupation	Or Job Title Pizzia and Salad Prep., Dishwasher
MPLAINT: What you pease be professional an	out in here will populate the collection letter. Ind concise with your wording.
nguage	
nguage mplaint Specific Infor	mation:
	mation:
mplaint Specific Infor	/ /
mplaint Specific Infor Violation Date	/ /
mplaint Specific Infor Violation Date Central Investigation her:	/ /
mplaint Specific Infor Violation Date Central Investigation	/ /

Division of Labor andards - Claim Inta : Review Form

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Only those sections marked in YELLOW are required fields

Reviewed by:	RACF: usa	yg1
Check One:	New Claim	Append to Case No.

CLAIMANT INFORMATION:

First Name David		La	ast Nam	ne Luce	ero	
Social Security Number						
Address						
City	State			Zip		
Phone						
Other Phone			1. The state of th	-		
Other Phone 2		1112000	-	-		
Email						

EMPLOYER INFORMATION:

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type (Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)	Other
FEIN	
ER First Name	Frank
ER Last Name	

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
Industry (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

Source of Complaint (Use one of the following in this field: Anonymous, Investigator/Patrol, Parent/3 rd Party, Permit Application, Recheck, Referral, Union, Worker)	
Type of Complaint	Check all necessary boxes and enter amount if applicable NOTE: At least one box marked with an asterisk * must be checked for non-monetary claims.
	* ☐Child Labor
	* □Farm Labor
	* Homework
	* ⊠Hours and Meal Period
	⊠Minimum Wage
	* □Permit/Licensing
	Supplemental Wage Claim
	☐Tip Appropriations
	Unlawful Deductions
	☐Wage Claim
	* Wage Statement/Records/Payment

District	02
County	Brooklyn
Dates Worked	From 4/14/2011 to 04/12/2014
Rate \$450.00	Per Weekl
Occupation O	r Job Title Pizzia and Salad Prep., Dishwasher
COMPLAINT: What you put i Please be professional and co	in here will populate the collection letter. oncise with your wording.
Language Complaint Specific Information	on:
Violation Date	/ /
☐Central Investigations	⊠Send Acknowledgement letter
	Send Acknowledgement letter
Other:	Send Acknowledgement letter
Other:	Send Acknowledgement letter ☐ Invalid ☐ Pending ☐
Other: Status: Incomplete No Jurisdiction	□Invalid

Division of Labo Standards - Claim Into e Review Form

CV

This form is used by District Offices for processing new monetary claim forms, non-monetary claims/phone calls and appending new claims to existing cases. When used for monetary claims and appending claims, this form must be accompanied by a completed LS-222, LS-223 or LS-425.

Check One: New Claim	☐ A	opend to Case	No.	The same of the sa	201400	mental and delicated
AIMANT INFORMATION:					3.5.2	
First Name Juan		Last Name	e Deg	ante		
Social Security Number						
Address		· i		DIV C	RECEI OF LABOR	IVED STANI
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					APR 2	1 201
				NE	W YORK (CTTY O
City	State		Zip			
Phone		28				
Other Phone						
Other Phone 2			÷			
Email			6			
IPLOYER INFORMATION:						
Employer Name		Grimaldi's C	oal Bri	ck-Oven	Pizzeria	1
Business Type (Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnersl	nin)		Oth	er		

ER Last Name

Moreno

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
Industry (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

Source of Complaint (Use one of the following in this field: Anonymous, Investigator/Patrol, Parent/3 rd Party, Permit Application, Recheck, Referral, Union, Worker)	
Type of Complaint	Check all necessary boxes and enter amount if applicable NOTE: At least one box marked with an asterisk * must be checked for non-monetary claims.
	* ⊠Child Labor
	* □Farm Labor
	*Homework
	* ☐Hours and Meal Period
	☐Minimum Wage
	* Permit/Licensing
	Supplemental Wage Claim
	☐Tip Appropriations
	Unlawful Deductions
	☐Wage Claim
	*

	02
County	Brooklyn
Dates Worked	From 3/01/2013 to 04/13/2014
Rate \$80.00	Per Day
Оссир	pation Or Job Title Dishwasher
Эссир	out of Job fide Dishwasher
COMPLAINT: What you pu Please be professional and	ut in here will populate the collection letter. d concise with your wording.
	·
Language Complaint Specific Inform	nation:
Violation Date	/ /
Violation Date Central Investigations	
☐Central Investigations	
☐Central Investigations Other:	
☐Central Investigations Other: Status: ☐Incomplete ☐No Jurisdiction	Send Acknowledgement letter ☐Invalid
Central Investigations Other: Status: Incomplete No Jurisdiction Valid/Make a Case	Send Acknowledgement letter ☐Invalid
Central Investigations Other: Status: Incomplete No Jurisdiction Valid/Make a Case	Send Acknowledgement letter ☐Invalid